

Submitted to **A Connected Scotland: Tackling social isolation and loneliness and building stronger social connections**Submitted on **2018-04-23 11:26:08**

## Key questions for everyone

### 1 What needs to change in your community to reduce social isolation and loneliness and increase the range and quality of social connections?

#### Input your answer here::

Introduction

The Mental Health Foundation (MHF) is Scotland's charity for everyone's mental health. Our vision is for a world with good mental health for all. Our mission is to help people understand, protect and sustain their mental health.

Prevention is at the heart of what we do, because the best way to deal with a crisis is to prevent it from happening in the first place. We inform and influence the development of evidence-based mental health policy at national and local government level. In tandem, we help people to access information about the steps they can take to reduce their risk of ill mental health and increase their resilience.

This consultation

Loneliness is one of the leading public health challenges of our time, with our own research showing that young people and older people are the two groups in society most affected. Indeed more than 100,000 older people in Scotland are "chronically lonely" and it's as damaging to health as smoking 15 cigarettes per day. Loneliness can contribute to a wide range of mental health issues such as; stress, anxiety, depression, paranoia and cognitive decline and it is a well-known factor in suicide. As an added complexity the relationship between loneliness and mental health is bilateral; loneliness can be both a cause and effect of mental health problems.

The recent research undertaken by the Foundation provides significant information on the prevalence and effects of loneliness on today so society and so we welcome the opportunity to respond to this consultation.

The Scottish Government's commitment to developing a strategy on tackling social isolation during the lifetime of this parliament is a welcomed step in recognising the scale of the problem. We hope that this consultation response will inform the development of the strategy and spark a much needed debate about how we connect with one another and what support is needed for those at risk of loneliness and social isolation.

In addition to this consultation response we are submitting our 12 point plan for tackling loneliness and social isolation among older people, published in December 2017, written in partnership with Age Scotland, and would like it to be considered as part of the consultation process.

Question 1.

The Foundation is calling for a strategy that has prevention at its heart. We have been clear that while there is an important role for government at various levels, each and every one of us in society has a role and responsibility in strengthening our communities. The gradual disappearance of our traditional communities as we know them is a matter of concern. With the closure of bank branches, post offices and libraries, to name a few services traditionally at the heart of the community, coupled with a digital revolution, our reliance on each other as individuals is diminishing. In many respects the digital age has helped us access services more conveniently, but we shouldn't underestimate the impact that this trend will have on social interactions and people's mental and emotional health.

Loneliness researchers say that contact with others stimulates production of the neuropeptide oxytocin, which acts as a hormone connecting with organ systems, and as a neurotransmitter that signals with the brain and throughout the autonomic nervous system. While loneliness increases the perception of stress, interferes with immune function and impairs cognitive function, oxytocin has the opposite effect. Oxytocin, which has been called the hormone of 'affiliation': has been found to prevent detrimental cardiac responses, and is believed to underpin the link between social contact and healthy hearts.

We are calling for a multi-agency approach to tackling loneliness in our communities involving private, public and third sectors. Our welcome home box recommendation, which forms part of our 12 point plan, is a prime example of a multi-agency effort to prevent hospital admissions and re-admissions and keep older people connected, active and healthy in their own communities.

In addition to geographic communities it's important to consider communities of interest and/ or people with a shared experience such as a long term health problem or a life changing diagnosis. In recent years our work has highlighted experiences of social isolation and loneliness due to experience as a mental health carer (and carers generally), refugees and asylum seekers and people with long term health conditions including cancer. These are groups we have had specific interaction with and we recognise other groups will have specific needs that require to be addressed. For communities of interest this poses challenges as there may be no obvious hub from which to enable community connections to be fostered. Stigma may also be a barrier to engagement. In light of this, innovative approaches need to be invested in including online responses.

### 2 Who is key at local level in driving this change, and what do you want to see them doing more (or less) of?

#### Input answer here::

Local authorities, schools, workplaces, care settings, the voluntary sector, faith groups and individuals all have a role to play in nurturing good mental health and fostering connected communities. We will explore in later stages of this consultation, as we do in our 12 point plan for older people, how some of these actors can come together to strengthen community connections.

Local authorities should each undertake a full impact assessment of loneliness and isolation through a dedicated commission, similar to Glasgow City Council's Health and Inequality Commission. This should not only assess the needs of local populations but also scope recommendations for the prevention of social isolation.

There must be greater recognition of the preventative health outcomes in bringing people together, shared learning, activities that are stimulating and tap into people's talents. Local authorities should direct funding towards projects that build vital social capital and bring people together with shared interests and common bonds.

Glasgow's "Go Well" report from 2015 states that "low levels of use of local amenities and perceptions of the local environment as being of poor quality were both associated with feelings of loneliness".

Local services such as day centres, breakfast clubs and groups for young people at risk of isolation have been vulnerable due to spending cuts in recent years. Given that social isolation disproportionately affects some of the poorest communities in Scotland we are asking councils to safeguard funding for these vital services and develop partnerships where possible with third sector organisations.

New community empowerment legislation is an opportunity to involve more members of the community in local decision making, however the challenge will be ensuring that people from all backgrounds, especially those from more marginalised communities, can participate and make their voice heard.

### **3 What does Government need to do nationally to better empower communities and create the conditions to allow social connections to flourish?**

#### **Input answer here::**

The Foundation fully understands Scotland's financial context. The recommendations in our 12 point plan for older people contain a number of policy ideas that we consider to be financially deliverable and achievable. In addition to resourcing projects that tackle social isolation the Scottish Government's role should be to remove the barriers and obstacles that allow local groups and organisations from thriving and making an impact. Where possible, government should commit to more secure funding periods of five years to stabilise service provision and allow voluntary sector projects to flourish.

The Scottish Government can also do more to raise awareness, through targeted campaigns, and change societal attitudes towards loneliness and social isolation and help eliminate stigma associated with it.

Our 12 point plan, for example, calls for community transport to be included in the concessionary scheme, giving frail and disabled older people who are at greatest risk of social isolation the opportunity to be more mobile, to connect with others and improve their mental health. However, we want to make clear that we also support extending the scheme to young people who are most in need, particularly those finding it difficult to enter the labour market, modern apprentices and young carers. This would help young people maximise their opportunities and stay connected with family and friends at a time in their lives where they might be experiencing change and instability.

Almost 80% of people with severe and enduring mental health problems are out of work and often struggle to retain work, contributing to social isolation. We believe that people with mental health problems should be better supported to find and retain work, and that they have a right to make a full contribution to society, whether through full employment or volunteering opportunities. The Scottish Government should recognise that for many years the system has failed people with severe mental health problems and should use its new powers to design a fairer system where people can be supported to thrive.

The Government should help to facilitate opportunities for organisations working in different communities - both geographic and interest - to come together to share learning, best practice and make connections.

### **Do you want to answer any of the detailed questions?**

#### **Detailed questions**

### **4 Do you agree or disagree with our definitions of (i) social isolation and (ii) loneliness? Please provide comments, particularly if you disagree.**

#### **Input answer here::**

NHS Health Scotland's definitions of social isolation and loneliness acknowledges that the two terms must be approached from not only a social perspective but also a psychosocial one; loneliness can lead to physiological events that can impact negatively on our health. Moreover, the charity agrees that loneliness and isolation can occur in tandem or independently.

Social isolation and loneliness should be understood as a broad range of situations, each of which will have a subjective affect upon those living in such situations. As was highlighted during our recent research carried out in November 2017; most people will feel lonely or isolated at some point in their lives, this can be a highly emotional experience, but for most people it is situational and will pass. However sadly, for a growing number of people it can be life defining and limiting.

Humans are, by nature, social animals. Throughout evolution social bonds have been essential to our survival. For example, evidence has shown that solitary confinement is one of the cruellest forms of punishment, with prisoners who have experienced it describing it as torture. Chronic loneliness leaves a mark via stress hormones, immune function and cardiovascular function. It alters our behaviour, increasing our chances of indulging in risky habits such as drug-taking and plays a role in mental disorders such as anxiety and paranoia.

Neuroscientists believe each of us has a certain expectation of being with others which we inherit from our parents and our early social environment – a level of social connection with which we feel comfortable. This explains why not everyone is equally sensitive to feeling lonely, as we have different needs and expectations for our relationships with others. If our expectations of those relationships are not met, our body alerts us that something is wrong.

Many observers believe that change in the way we work and live in the 21st century in Western society are having a negative impact on our mental and emotional health. Some see a link between our individualistic society and the possible increase in common mental health disorders in the last 50 years. Our cities and public spaces are more crowded, but more of us are living alone. For example, households consisting of only one person are now the most common type in Scotland. Over a third of households are single person households. This is partly due to more older people living longer and in their own homes. At the same time, the divorce rate has doubled over the past 50 years and the number of lone parent households is rising.

The definition of the Welsh Health Social Care and Sports Committee, brought to the fore an additional element: a person's connection to the construct of their community and their role within society is also an important factor. Linked to this is social disconnection, and that society itself is lonelier with the changes in the way in which we live and work in the 21st century.

Today's society prides itself on being self-reliant and this itself promotes isolation and loneliness and emphasises the stigma attached to people who admit they are lonely. This must be considered as an element of how we understand and approach the strategy of isolation as it impacts upon the presence and manifestation of loneliness.

## **5 Do you agree with the evidence sources we are drawing from? Are there other evidence sources you think we should be using?**

### **Input answer here::**

The evidence referenced provides insight into the social isolation epidemic we are facing, however recent research conducted by the Foundation highlighted particular groups that were at a high risk of social isolation; young people (18-24 year olds) and those above the age of 65. While chronic loneliness occurs across all age brackets and social backgrounds, we would urge that the two age groups we have identified as being 'most at risk' be acknowledged and at the forefront of any future strategy developed by the Government.

Our research has found that around 120,000 older Scots could be living with undiagnosed mental health conditions resulting from loneliness and isolation. Given the degree of pride and reluctance that can exist among some groups of older people to disclose feelings of loneliness this figure is likely to be under reported. The prevalence of social isolation and loneliness in young people is proportionally higher than any other age group. Our research is clear that social isolation affects the mental health of young people more than any other age bracket. Our children and young people are finding life harder to navigate than previous generations due to modern life pressures such as social media, and worryingly, they are living with high levels of distress. This is something we can no longer choose to ignore.

The bilateral relationship between socialisation and loneliness and health and social circumstances should be noted. Loneliness can lead to depression, anxiety and feelings of low self-worth and it can also have an effect on an individual's immune and cardiovascular system. A study carried out in the South West of England in 2015 found that a third of patients admitted to A&E had infrequent social interaction – less than once a month or never. Research has also shown that loneliness halts both physical and mental health recovery, as those who feel isolated are more likely to have a lower sense of purpose and less likely to ensure their homes are heated or that they are eating a healthy diet. This impacts not only on the individuals affected, but also society as a whole given the burden placed on both the social and health sector to respond to this issue.

Top line statistics from our research that should be recognised and used to strengthen the strategy are:

-24% of adults aged 65+ feel depressed and 16% feel anxious as a result of loneliness.

-Nearly a third of older adults feel that they ought to be able to cope with loneliness by themselves.

-More than half of 18-24 year olds experience depression when they feel lonely, with 42% saying it leads to anxiety.

-67% of 18-24 year olds say their mental health worsens as a result of feeling lonely.

In addition to this, the Foundation has recently published a report on cancer and mental health. A cancer diagnosis, its associated symptoms and treatment can have a significant emotional impact on people and their families, with fear, isolation, loss of self-esteem and loss of independence having an impact. 60% of people who went through cancer treatment experienced loneliness and isolation – either during treatment or in the weeks that followed.

Our research has found that once treatment stops, and people leave strictly managed clinical environments, survivors describe feeling as though they had 'fallen off a cliff edge'. The sudden loss of support often leaves people feeling isolated and abandoned at a time when support is needed the most. Cancer is not just a physical illness, it can have a profound psychological impact and people expect to receive both physical and emotional support when they need it.

## **6 Are there examples of best practice outside Scotland (either elsewhere in the UK or overseas) focused on tackling social isolation and loneliness that you think we should be looking at?**

### **Input answer here::**

Headspace in Australia has been a successful model that encourages young people to look after their mental health. These centres, backed by online and telephone help, tend to be staffed by a mix of professionals, including doctors, and are designed with young people to be attractive and welcoming places.

Young people, and their families, can attend when they need help with depression, anxiety, stress, addiction, sexuality issues, relationship problems and bullying. Whilst young people and their families should access the centres directly, a GP would direct a young person there too.

managing their mental health, just like a gym for example helps us take care of our physical health. The centres could give advice to young people on exam stress, relationship breakdowns, body image, social pressures - some of the issues we know young people particularly struggle with.

Families and friends, in cases where young people consent to their involvement, should be part of the solution and not excluded as is currently too often the case. Young people who want their immediate support network to be included should be able to do so.

Our own Young Mums Together programme was designed as an innovative intervention to support young mothers and to improve their wellbeing and ran across several London boroughs. Young mothers are particularly vulnerable to experiencing postpartum depression, stress and feelings of isolation. Comprehensive support services can prevent many of the difficulties commonly experienced by young mothers as they offer a variety of support, information, activities and opportunities. The aim of this project was to develop a group for young mothers that would facilitate their access to mental health services and practical support.

The Foundation also fully engaged with the New Scots strategy where loneliness and social isolation is a real issue. This strategy should also link in with the New Scots strategy to ensure that the needs of this vulnerable group are met.

## **7 Are you aware of any good practice in a local community to build social connections that you want to tell us about?**

### **Input answer here::**

Inter-generational initiatives and befriending schemes:

Initiatives that bridge generations and create more cohesive communities can help to reduce isolation. The Centre for Intergenerational Practice, which supports schemes that bring different age groups together, says: 'Older people can provide younger people with positive role models, both of engaged citizenship and of active ageing. Young people represent a link to the future for older people. All generations benefit from engaging with each other on equal terms, breaking down barriers and challenging negative stereotypes'.

An example of success is the Southwark Circle; a membership organisation for people over fifty in the London Borough of Southwark. Its members pay a small fee to belong to an organisation that introduces them to one another and to reliable neighbourhood helpers, who assist with everyday tasks such as heavy shopping and provide a social network. There is no age limit to being a helper and some older members become helpers themselves. A core aim is to help members develop and maintain social relationships. This scheme aligns with the Welsh Committees definition of loneliness and gives members not only a connection with each other but a connected role within this created community.

Men's Shed's are located all over Scotland. Research has shown that many older men miss the structure and routine of working life, and also that traditional schemes aimed at older people, such as coffee mornings, hold less appeal for men. This scheme brings members together once or twice a week to do woodwork and socialise. The main concern is around financial viability of individual sheds, including premises and operational costs. The Foundation calls on local authorities to actively work with existing Sheds to help groups secure their future on a long-term basis and explore the benefits of opening new sheds.

The Mental Health Foundation's own Refugee Programme contributes significantly to reducing loneliness and isolation among Scotland's refugee population. The Musawa project is designed to work with Syrian refugees across Scotland to ensure they have a voice and can influence decision making within health forums at local and national levels. This is an innovative opportunity for refugees to build their skills, influence policy and services and meet like-minded individuals to ensure a strong refugee voice in Scotland.

Connections built through digital platforms:

This approach is acknowledged in the consultation and the Foundation believes that such a platform has the power to facilitate and strengthen relationships. Lessons and inspiration can be taken from the good practices highlighted below on how to build social connections within the local community.

Netmums.com, the UK's leading parenting website, with around 750,000 registered members. Its two founder members had both suffered postnatal depression, and the website grew out of their wish to pass on advice to others in the same situation. The organisation employs a team of professional partners, including health visitors, midwives and counsellors from Women's Aid, which ensure the correct support is in place to meet each mother's needs.

## **8 How can we all work together challenge stigma around social isolation and loneliness, and raise awareness of it as an issue? Are there examples of people doing this well that you're aware of?**

### **Input answer here::**

Firstly, it is vital that the true extent and nature of the stigma associated to social isolation and loneliness is mapped, this is needed to understand the magnitude of the issue and what approaches and incentives should be developed to tackle the problem.

Among older people there is a widespread reluctance to seek help, with almost a third (31%) saying they feel they ought to cope with it by themselves. Almost a quarter (22%) don't want to bother family or friends and 12% said they don't want to talk to their GP about it.

For young people stigma remains the greatest barrier to seeking help as 46% say they would be too embarrassed to talk about it and 52% feel they ought to cope with the problem themselves. Around 30% wouldn't speak to their GP or another health professional, suggesting that tens of thousands of young people could be living with undiagnosed mental health problems.

People need to be supported to seek help and when help is sought the appropriate responses need to be available. In tandem, we also need to work to reduce the notion of self-reliance in society and encourage support seeking instead of the current notion that people should independently cope.

To eliminate self-stigmatisation and as a result mitigate social isolation the opportunities available to older people for engaging should be increased. One way of

doing this would be to develop more intergenerational programmes, making older people valuable assets in the community and promoting transgenerational sharing of knowledge. This would alter both society and older people's perceptions of their role and value and would help to overcome loneliness.

All schools across Scotland should consider implementing an intergenerational project to foster knowledge and understanding between generations. Other ways of using the skill set and experience of older people would be to have more meaningful volunteering options or civic roles available. For young people information and education about the importance of social relationships could be explored during wellbeing lessons in schools. It's important that the health and wellbeing strand of curriculum for excellence is more than just tokenistic. More school time exploring wellbeing is necessary if we are to create mentally healthy learning environments and more resilient young people.

The Scottish Government could work with local authorities and the third sector to consider an anti-stigma campaign on loneliness, raising awareness of helplines and support networks.

## **9 Using the Carnegie UK Trust's report as a starting point, what more should we be doing to promote kindness as a route to reducing social isolation and loneliness?**

### **Input answer here::**

When you help others, it promotes positive physiological changes in the brain associated with happiness.

These rushes are often followed by longer periods of calm and can eventually lead to better wellbeing. Helping others improves social support, encourages us to lead a more physically active lifestyle, distracts us from our own problems, allows us to engage in a meaningful activity and improves our self-esteem and competence.

Being a part of a social network leads to a feeling of belonging. Face-to-face activities such as volunteering at a drop-in centre can help reduce loneliness and isolation.

Many people don't realise the impact that a different perspective can have on their outlook on life. Helping others in need, especially those who are less fortunate than yourself, can provide a real sense of perspective and make you realise how lucky you are, enabling you to stop focusing on what you feel you are missing - helping you to achieve a more positive outlook on the things that may be causing you stress.

Acts of kindness have the potential to make the world a happier place. An act of kindness can improve confidence, control, happiness and optimism.

It can also encourage others to repeat the good deed that they've experienced themselves - it contributes to a more positive community.

Evidence shows that the benefits of helping others can last long after the act itself by providing a 'kindness bank' of memories that can be drawn upon in the future.

We have produced a 'Doing Good Does you Good guide, which can be found here: <https://www.mentalhealth.org.uk/publications/doing-good-does-you-good>

## **10 How can we ensure that those who experience both poverty and social isolation receive the right support?**

### **Input answer here::**

While loneliness and social isolation affects people of all ages and backgrounds, evidence is clear that they are more widely experienced in the most deprived neighbourhoods. People who live alone, those with disabilities and with long-term conditions and those out of the job market are particularly affected.

Socio-economic status is the main driver of social gradients in mental and physical health and mortality, with men in the most deprived areas ten times more at risk of suicide than those living in the most affluent communities. Therefore, as has previously been emphasised the Foundation would encourage a preventative approach to be taken to ensure that those living in low economic circumstances can be lifted out of poverty, make a contribution to society and avoid social isolation.

For older people, socio-economic inequalities should be tackled through a benefit and pension scheme that is fair for everyone. Lack of financial income and changes to pensions means less household income and less access to resources which may increase the risk of loneliness and isolation.

Women are at a higher risk of poverty in later life because of gender pay gaps, subsequent differences in pension amounts and ages of retirement, and the fact that on average women live longer than men - and are therefore more likely to live alone. Older people also need to be made aware of additional benefits and

'topups' that they may be eligible for. Advocacy and advice services are able to assist those claiming pensions in investigating if they may also be entitled to other financial help such as Pension Benefits and therefore such services should be promoted and made retainable. Additionally, we believe that the Winter Fuel Allowance should be protected so that older people aren't forced to choose between heating and eating.

Employment is the most important means by which to obtain adequate economic resources that are necessary for material wellbeing and full participation in society. Unemployment, 'bad' employment and in-work poverty are harmful to health and are associated with poorer mental health, psychological distress and minor psychological/psychiatric morbidity; poorer general health; lengthy illness; higher rates of medical consultation, medication and hospital admission; and higher mortality.

The Marmot Review sets out policy objective of creating fair employment and good work for all, to be achieved through improving access to good jobs and reducing long-term unemployment across the social gradient; making it easier for people who are disadvantaged in the labour market to obtain and keep work; and improving the quality of jobs across the social gradient.

- promote mental health and prevent the development of work-related mental health problems;
- make reasonable adjustments when employees are experiencing a period of mental ill health (either a one-off event or as a symptom of a fluctuating condition), or when employees have to care for someone with a mental health problem;
- be receptive to supporting people with mental health problems in engaging in work.

The social security system should provide an adequate standard of living for those who cannot secure or sustain employment, including the flexibility to respond quickly when someone falls out of work for either a period of time or permanently. One of the effects of welfare reform on disabled claimants is that people with mental health problems are concerned about trying to enter the labour market in case they lose the social security safety net during periods of ill health. This needs to be addressed.

Beyond the employment sector we would ask that a “mental health in all policies” approach which considers mental health across all areas including social, economic, and environmental policy. It’s time for an effective strategy to tackle homelessness, investment in more disadvantaged communities and good quality housing. We need to do more to tackle in-work poverty, bridge the attainment gap in our schools, create more opportunities for our young people and take a preventative spending approach to health and wellbeing. We would urge the Government to fully implement the Christie Commission recommendations, which would help make the above more achievable.

## **11 What do we need to be doing more of (or less of) to ensure that we tackle social isolation and loneliness for the specific life stages and groups mentioned above?**

### **Input answer here::**

According to a report by NSPCC, children cited reasons for their increased feelings of loneliness, the most common being family relationship problems, issues linked to school, and bullying. The fear of ostracism is often acute among teenagers and young people.

A key plank of any resilience programme must be delivered in schools. Teachers and peer educators need the right training and the resources to support delivery, however too many teachers tell us that they’re worried about “getting mental health wrong” in the classroom. Health and wellbeing should be on an equal footing to numeracy and literacy and not perceived as a box ticking exercise – but to do that, we need to give teachers the confidence to explore mental health.

A universal approach is needed, which incorporates a classroom programme exploring mental health. This should become standard practice across all schools and Education Scotland’s “Applying Nurture as a Whole School Approach” framework should be implemented across the board. Creating a “whole school approach” where young people feel comfortable discussing mental health would help build confidence, particularly among young people with existing conditions such as anxiety or eating disorders. But a targeted approach is also needed. It is alarming that 70% of children and young people who experience a mental health problem have not had appropriate interventions at a sufficiently early stage. In some cases this can disrupt learning or lead to alcohol or drug problems. That’s why school-based counselling should be rolled out across Scotland, to provide fast access to support. This would also help furnish children and young people with the emotional vocabulary to be able to talk about their feelings.

The Scottish Government must continue to fully finance anti-bullying work and anti-stigma work exploring both face to face and online forms of bullying.

With an increasingly elderly population it is also vital that we ensure that this risk group is integrated and supported in society. Opportunities should be sought and maximised that allow older people to feel physically connected with others.

According to our research, 80% of people aged 65+ in Scotland say that spending time with family and friends face to face improves their overall mental health. This compares to only 50% who say their mental wellbeing is improved by spending time on their own and 15% by spending time on social media. That’s why we believe that maximising opportunities that allow older people to feel physically connected with others is crucial. Peer support, befriending initiatives and services like day centres have all proven to be effective, particularly for those who lack a social network. Other initiatives like Men’s Sheds allow meaningful social engagement around shared interests. Health services and local authorities should see the preventative value of investing in such services, yet too often they are faced with closure due to local government cuts.

Loneliness can lead to depression, anxiety and feelings of low self-worth. Research also shows that it affects the immune and cardiovascular systems. A study carried out in the South West of England in 2015 found that a third of patients admitted to A&E had infrequent social interaction – less than once a month or never. Loneliness also halts recovery, as those who feel isolated are more likely to have a lower sense of purpose and less likely to ensure their homes are heated or that they are eating a healthy diet.

Across Scotland older people with no support structures find themselves in acute care because no alternatives exist. Yet in many cases it’s a social care need, rather than an acute need, that older people face. That’s why we argue that by investing in community services and increasing older people’s connections we can reduce hospital admissions and the chances of re-admission. We need to see transformational change in our communities with person centred, early intervention approaches and significant investment from local authorities and health and social care partnerships to reduce isolation, improve older people’s wellbeing and allow them to thrive in their own communities. Older people must be engaged in designing these initiatives if they are to be effective.

For those not engaging in community structures, local actors should consider programmes that identify those at risk of social isolation and empower such individuals to come forward for support.

It is also important to recognise the specific needs of minority groups such as BME and LGBTI. A ‘one size fits all’ approach to preventing loneliness won’t work for everyone and the strategy must be tailored to meet the specific needs of groups at risk. We believe that local authorities should provide greater social opportunities for older LGBTI people including peer support networks.



Social inclusion for the ethnic minority of both the young and elderly generation, including asylum seekers and refugees, also needs to be recognised. Taking into account linguistic and cultural differences and embracing social diversity should be at the forefront of interventions. We also should be recognising the unique pressures that minority groups face and that cultural difference may result in different help seeking behaviour– initiatives therefore need to be culturally congruent with the needs and outlooks of the groups they are for.

## **12 How can health services play their part in better reducing social isolation and loneliness?**

### **Input answer here::**

In order to minimise disruption to people's routine and social networks and overall health, there must be greater multi-agency coordination between health and social care teams to allow for swift rehabilitation into the community after a hospital stay. Evidence shows that older people who stay in hospital for longer are more likely to experience functional decline and negative health outcomes.

On leaving hospital, all older people should be given a '100% health check' which would not only assess physical health but also mental health, such as depression, and flag up any risk factors for loneliness such as bereavement or any existing mental health issues. This would allow for support to be given from day one and to prevent problems from developing further. Once discharged, every patient deemed at risk of loneliness or depression should be given a Welcome Home Box including a resource pack about activities and support groups in the local area. The box should include essentials encouraging older people to look after their health. It would include food items like canned soup and fruit, a home thermometer and advice on insulation and heating and general advice and safety tips.

This would not only make older people feel more valued, but would ensure that post-hospital discharge becomes an opportunity to prevent future isolation. Alongside this, a Welcome Home Befriending support scheme should be offered for older people for a minimum of four weeks on leaving hospital, ensuring that they have face to face contact and support through convalescence. Those in need of further support would be given help in accessing local services and groups that offer friendship as well as health, fitness and social activities.

In terms of providing the box and its contents, this could take the form of a multi-agency approach between a health and social care partnership (leading on the clinical dimension), the third sector (leading on the befriending service) and the private sector (for the provision of the box and its contents).

We would invite the Scottish Government to consider working in partnership with the Foundation and other organisations to pilot this project in a specific location. We will keep the Scottish Government informed of developments as we scope potential partnerships for piloting this project.

## **13 How can we ensure that the social care sector contributes to tackling social isolation and loneliness?**

### **Input answer here::**

We believe that such a contribution should be done through a preventative approach with the commissioning of services focused on groups that may be at risk of social isolation. Such groups would be those previously highlighted; young people and the over 65s, as well as young unemployed adults, New Scots and people with physical and learning disabilities. In offering such individuals support at an early stage this will reduce the chance of them experiencing chronic loneliness with all its ensuing problems.

We believe communities should be mapped for such high-risk groups, this would provide a basis for social care teams to easily target such groups and implement programmes to encourage social connections and mitigate social exclusion. Alongside this, programmes themselves such as; sports clubs, book groups in libraries, social network groups, transport links and volunteering organisations, could be mapped. This information could then be provided to local structures such as GP practices, mental health services, occupational therapists, schools, colleges and youth workers, so that they can direct people to appropriate opportunities as required. Local authorities could have a central role in communicating such resources through developing websites and printed materials.

We'd like to see more preventative investment in community services such as day centres, befriending services, peer support and Men's Sheds. All of these initiatives have proven to reduce hospital admissions and should be seen as long-term investments in an ageing society. The commissioning of local services that (a) establish and extend peer support schemes for people at risk of isolation, and good neighbour schemes that encourage neighbours to engage proactively with people at risk of isolation; and (b) facilitate face-to-face contact with people at risk of isolation, bringing individuals into wider social groups and environments. Furthermore, the voluntary sector should be recognised and utilised to play a major role in the provision of such services.

Loneliness in our care homes, particularly among people with mental health problems remains a real challenge. A study by the University of Bedfordshire found that 80% of people with mental health problems have felt lonely in their care home. Care settings must strive to improve the standard of social connectivity, not only through the provision of social activities but ensuring that staff have sufficient time to get to know and converse with residents. We recognise the pressures that health and social care face, which is why multiagency efforts and new initiatives are necessary.

This is why our 12 point plan for older people calls for nursing student training to include a programme on building relationships of care with older people. Colleges could, for example, team up with care homes, sheltered housing or other elderly residents in the community for a minimum period, prioritising those most at risk of loneliness and isolation. Given our increasingly ageing population and the fact that older people make up the majority of those in need of care, ensuring that new nurses can effectively interact with older people will help to provide person centred care as well as building rapport, empathy and trust. All health and social care staff working with older people should be able to identify the risk factors and signs of loneliness and be able to signpost to appropriate resources or community and support services.

With regard to LGBTI people, moving into a care home may mean that people feel they are not able to be open anymore which can increase feelings of isolation. Up to 75% of LGBT people over 65 live alone and 90% do not have children and so the risk of loneliness is real<sup>21</sup>. Many older LGBT people say that they feel increasingly excluded as they age and this can have an impact on their mental health.

Care homes should apply the same rights and opportunities to same-sex couples as heterosexual couples, particularly when seeking to live together in care. We believe that LGBT people should have the right to live in care settings free from homophobia and that policies should be in place for treating everyone with dignity

and respect.

#### **14 What more can we do to encourage people to get involved in local groups that promote physical activity?**

##### **Input answer here::**

Physical activity provides many physical, social and mental health benefits for older adults. It appears to reduce the risk of mental health disorders common in older age including depression, cognitive decline, and dementia. The decreases in physical activity and the increases in body weight that often accompanies ageing is linked with the deterioration of a range of physiological systems that are often critical to maintaining mobility, independent living, and overall quality of life. Engaging in physical activity is there for vital for this section of society yet too many of us don't engage in any physical activity at all.

In order to improve the engagement in physical activity among over 65s, local groups need to have specifically designed programmes that meet this group's needs. This can be achieved through involving older people in the design and delivery of activities to produce community-based physical activity programmes including walking schemes. The role of health and social care partnerships in ensuring that this occurs should be examined and leisure centres should provide a minimum number of exercise classes and programmes a week which suit the needs of the over 65s. The activity offered should take place at regular times and in a regular location - this will provide the opportunity to routinely socialise and build quality social connections. The timing, location and physical access to venues should be reviewed also, as this to can make it easier for this group to engage.

People with mental health problems can face stigma which may prevent them from actively taking on sports and physical activities. PE in schools can be distressing for some young people for a wide range of reasons - from body image to bullying, to the fear and anxiety of not being picked in a team. Teachers should be mindful of such issues and steps should be taken to minimise instances that create social anxiety.

#### **15 How can we better equip people with the skills to establish and nurture strong and positive social connections?**

##### **Input answer here::**

Loneliness is a complex problem that requires a variety of different approaches: its causes may be internal or external, or a combination of both. According to the psychology professor Karen Rook, loneliness interventions could have three broad goals: to establish satisfying personal relationships; to prevent loneliness from becoming chronic; and to prevent loneliness in risk populations.

Relationships and social connections remain at the heart of what makes and breaks our mental health. A child's ability to communicate and form relationships is vital right from the point that they enter the education system if they are to thrive at school - and "school readiness" is one of the strongest predictors of whether a child will go on to develop mental health problems.

We need to acknowledge the important role that both parents and teachers play in helping young people to develop good relationship building skills and do more to support adults under stress, ensuring that they are equipped to support our young people and that their own stress doesn't leak onto those in their charge. This is vital as parental mental health has a direct impact on young people's mental health.

If the Scottish Government is serious about making 2018 the Year of Young People then it must place health and wellbeing at the heart of the school curriculum -not at the sidelines as it currently is. It needs to invest in school-based counselling and give teachers the training they need to create inclusive environments and explore mental health. Too many of our young people are not thriving, and unless we act now, we will face an imminent mental health storm.

If loneliness is linked to a deep anxiety about social situations, cognitive therapy could help to overcome that fear. By identifying and changing dysfunctional thinking, behaviour and emotional responses, cognitive therapy helps the client to overcome difficulties. This also involves developing skills for modifying beliefs, identifying distorted thinking, relating to others in different ways and changing behaviours.

Some people might not seek the right psychological help because of their fear of being seen as a social failure. Professor Jacqueline Olds writes that many patients seeking help for anxiety or depression are reluctant to admit that their real problem is loneliness. 'We found it was very difficult for our patients to talk about their isolation, which seemed to fill them with deep shame. We noticed they were far more comfortable saying they were depressed than lonely. The lonely word was determinedly avoided.' Psychologists might need to dig deep to find out about a patient's social network in order to offer appropriate help.

#### **16 How can we better ensure that our services that support children and young people are better able to identify where someone may be socially isolated, and capable of offering the right support?**

##### **Input answer here::**

In addition to our response to question 15, we'd like to highlight the Foundation's UCAN programme which aims to prevent mental health problems arising in adulthood by supporting children and young people with long term conditions at an early stage.

Within this programme interactive "Stress Less" workshops use tools such as 'Ucards', these allow children to communicate their emotional needs to others through red amber green cards and help people respond to their needs. This encourages children to recognise what works for them as individuals to stay mentally well. We believe that projects like UCAN, that are tailored for young people with specific needs are crucial if we are to successfully support some of the most marginalised young people.

Lesbian, gay, bisexual, transgender and intersex people are at higher risk of some mental health problems and alcohol and substance misuse. The rate of suicidal ideation and self-harm for LGBT people is 20-25%, compared with 2.4% for the general population. Coming to terms with an identity that is different to that of most of your peers, or coping with ignorance, prejudice and discrimination can be confusing and distressing, particularly for those who lack a supportive network of family and friends. Some people will face rejection and bullying which can adversely impact on self-esteem.

Greater support in schools should be available, particularly during puberty years, given the degree of emotional changes that can arise for many young people.



This could include peer support or opportunities to meet others who are similarly exploring their identity. Ensuring that schools adopt a zero tolerance approach to bullying and nurturing an inclusive environment is pivotal in creating LGBTI safe spaces and the opportunity for people to safely disclose their identity and be themselves.

Outside the classroom we need new thinking and innovation, alongside investment, to revolutionise how young people, who are struggling but fall below the threshold for support provided by CAMHS, are supported by people in youth and community settings.

## **17 How can the third sector and social enterprise play a stronger role in helping to tackle social isolation and loneliness in communities?**

### **Input answer here::**

We have given examples of the work we are doing with New Scots with our Refugee Programme and children and young people with our UCAN programme. These are both examples of projects that aim to boost people's confidence and wellbeing - they foster social connections, promote integration and give people a stronger sense of belonging. We believe that the voluntary sector is part of the fabric of our communities and plays a pivotal role in the building of social connections at a time when our society is changing rapidly and becoming more and more self-reliant. The Scottish Government should provide greater financial certainty for programmes that deliver preventative outcomes for groups at risk of isolation and more partnerships with private and public partners.

## **18 What more can the Scottish Government do to promote volunteering and help remove barriers to volunteering, particular for those who may be isolated?**

### **Input answer here::**

The social value of older people is under-recognised, yet people over 65 possess a magnitude of skills and experience. Outlets should be developed for them to be able to feed their skills and experience into the community. This would enable society to benefit and additionally would allow this generation to feel a sense of place in their community. In practice this could be achieved by more meaningful volunteering options or civic roles to be being provided within communities, such as through board memberships.

Local structures should be encouraged to undertake inter-generational projects, for example every school in Scotland could team up with a care home, sheltered housing or other groups of older people and undertake inter-generation projects. This will ensure robust pathways are built to connect isolated members of society as well as ensuring that shared learning is attained.

## **19 How can employers and business play their part in reducing social isolation and loneliness?**

### **Input answer here::**

It's clear that local and national government can't act alone. The private, public and third sectors, as well as each and every one of us have an important role to play in the prevention of loneliness and the fostering of a better-connected society. It is commended that this is recognised in this consultation processes.

Stigma is embedded in the workplace. Our own research found that 42% of employees would be likely to make up an excuse such as stomach ache or back problems for absence if they needed to take time off work for mental health reasons. 40% of employers also told us that they wouldn't hire someone with a mental health problem. To overcome this any future strategy must strive to promote nurturing, fair and compassionate workplaces that allow strong social connections to be present and workers empowered to seek support where they are suffering from loneliness.

Working conditions must be recognised as playing a role of tackling social isolation given that that the lowest-paid workers, who typically don't have much job security or control over their work patterns, are at greater risk of suicide. Zero-hour contracts, for example, have created exploitative environments that keep people in low paid work because they're desperate to keep a roof over their head. Additionally, the 21st century working environment is fragmented and this too should be reviewed as a point of interest in the design of the new strategy.

As a starting point the Foundation's has drawn up a check-list for employers which would be key to employers and businesses playing their part in reducing loneliness. Such measures include:

- training opportunities for line managers on how to recognise and support staff at risk of social exclusion
- stress management and other mental health initiatives implemented across the board
- reasonable adjustments to a person's work pattern to remove barriers and allow them to stay in work
- company policies which recognise the mental health needs and wellbeing of staff
- senior leaders responsible for leading mental health activities, such as mental health awareness sessions, with all managers engaged in the activity
- regular staff surveys to build data about staff mental health, using findings to plan and deliver action and inform workplace policies
- staff encouraged to report discrimination or harassment they face and to blow the whistle on discrimination they witness. This will target socially excluded workers.

Partnership working could also be encouraged across the third sector and the private sector to allow knowledge to be shared. A successful example of this is the Foundation's partnership with Aegon UK's HR and professional development teams to develop and pilot a half-day bespoke managing mental health.

Special measures should be given to those in high risk groups or stages of life that are known to exaggerate social isolation. In particular, those who are approaching retirement should be targeted since a person's job often provides them with a large amount of social interaction and engagement as well as a structure to their lives, personal identity and self-worth. Research shows having little control over retirement is likely to impact negatively on wellbeing. Phased retirement and greater support from employers would be a welcomed approach to elevating this. Practices to phase retirement should be developed across the public, private and third sectors to allow people to gradually get used to not working and make adjustments over a period of time.

Following retirement, it's important that support is available for people so that they do not feel isolated and redundant. Bridge jobs, volunteering positions, peer groups and activities and part-time work are all options for encouraging engagement, feeling valued within society and reducing the risk of isolation and loneliness. Line managers should actively encourage employees to consider bridge jobs based on hobbies, interests and the opportunity to develop new social

network.

## 20 What are the barriers presented by the lived environment in terms of socially connecting? How can these be addressed?

### Input answer here::

The lived environment can have a significant impact on whether a person becomes socially isolated, as it affects physical access to family, friends, health services, community centres, shops and other places that facilitate the building and maintaining of social relationships.

For older people the World Health Organisation (WHO) has promoted the concepts of age-friendly cities and lifetime neighbourhoods through its Age-friendly Environments Programme. WHO describes an age-friendly city as one that '... is an inclusive and accessible urban environment that promotes active ageing ...An age-friendly city adapts its structures and services to be accessible to and inclusive of older people with varying needs and capacities'.

The Programme aims to promote the production both of inclusive urban environments and the design of objects in those environments (eg, benches, drop kerbs etc.). Helping cities and communities become more supportive of older people by addressing their needs across eight dimensions:

- the built environment
- transport
- housing
- social participation
- respect and social inclusion
- civic participation and employment
- communication, and
- community support and health services.

These could be used as base for the barriers presented by the lived environment. Additionally, as part of the programme, WHO has created a global database of age-friendly practices and a guide to creating age-friendly cities, these could be referred to for stories of success and replication.

The care home sector, which homes a high proportion of this section of society, has a vital role to play in ensuring the older generation live in housing that allows them to be engaged in their community. Care homes should be encouraged to provide all residents with access to gardens and assistance to enjoy them. Moreover, partnerships and alliances should be made with other local stakeholders to promote active ageing in the community.

Older people have an important part to play in promoting and sustaining the role of the lived environment. They should be consulted as to what they would like their environment to look like and what would make a community age-friendly.

## 21 How can cultural services and agencies play their part in reducing social isolation and loneliness?

### Input answer here::

Many older people use primary health care services as a form of social interaction which can create strains on the health system, whilst not fulfilling the social needs of the individual. Social prescribing should be more widely used as a method of tackling loneliness and promoting mental wellbeing. Studies have shown that patients accessing a social prescribing scheme reduced their visits to their GP by 66%<sup>29</sup>. Therefore, this must be reviewed as a method of reducing loneliness.

Local cultural and heritage structures such as museums could be utilised as platforms to enhance wellbeing and health and change the experiences of social isolation in older adults, research undertaken by Todd et al (2017)<sup>30</sup>, provides a useful insight into how this could be achieved.

## 22 How can transport services play their part in reducing social isolation and loneliness?

### Input answer here::

Transport should not only be viewed in economic terms, but also as a health outcome. The more people are mobile and able to travel in and around their communities, the more they will be active and connected to others.

Isolation due to lack of transport, reduced mobility and financial constraints can be overcome by making sure that older people are able to access good quality and affordable public transport. Free bus travel and the Senior Railcard offering discounted train fares help older people to travel more easily and promote social inclusion, but frailer, disabled people or those with dementia are less able to use public transport. Long term health conditions can create real physical barriers to staying connected, particularly for people who previously had a social life that involved getting out and about a lot. In rural areas and some urban areas, buses are often not an option as services are limited or too far to walk.

Community Transport services allow older people with mobility issues to travel more easily and safely. By investing in community transport we can allow more isolated older people to be connected to their communities. The Scottish Government should consider the health outcomes of an inclusive transport strategy and the costs of embedding community transport in the national concessionary travel scheme.

### 23 How best can we ensure that people have both access to digital technology and the ability to use it?

**Input answer here::**

Digital Technology has an important role in today's society and providing a platform for socially connecting to others. This has can be demonstrated by the successful online engagement programmes discussed above.

Technology can be a social enabler; with 55% of Scottish over 65's saying that it allows them to keep up to date with family and friends. Social media allows instant social connection and helplines like Age Scotland's dedicated befriending phone line give people the opportunity to make new friends and stay connected. Support should be available for older people who want to learn more about using technology. Community-based training initiatives in libraries or other public spaces provide people with the skills to use technology in the way that they work for them. We would urge that funding for such training sessions be given.

While research shows that many older people are already online, the number drops significantly among those over the age of 80. It should be noted that some older people, particularly in this age bracket, have no desire to use social media and are often excluded by online-only information. Services must therefore avoid an over-reliance on communicating information online when targeting older people.

Some of the most isolated older people, particularly in remote and rural parts of Scotland with poor broadband connections, may not be connected online at all. This is a concern and work to roll out superfast broadband to remote and rural areas must be accelerated.

Technology for many older adults is an asset to enhance social connection, but it should not replace face to face contact. According to our research, nearly 20% of older adults in Scotland view technology as causing loneliness because it has replaced human contact and this group are not alone - 30% of 18-24-year olds say social media is driving them to feel socially isolated. This places an increased onus on us as individuals to prioritise face to face contact with friends, family or neighbours.

### Any other comments

### 24 Taking into account answers to questions elsewhere, is there anything else we should be doing that doesn't fall into any of these categories?

**Input answer here::**

n/a

### 25 Do you agree with the framework we have created to measure our progress in tackling social isolation and loneliness?

**Input answer here::**

We'd like to make the following additions:

\*Improved understanding of social isolation and loneliness and its main causes and impacts\*

Indicators: Health professionals screen for loneliness upon discharge from hospital.

Indicators: Primary care professionals actively discuss issues of loneliness and isolation.

\*Fewer causes of social isolation and loneliness\*

Indicators: Stress among young people due to educational, social and family pressures reduced.

\*Reduced harm from the effects of social isolation and loneliness\*

Indicators: The number of young people referred to CAMHS as a result of social anxieties and mental ill health reduced.

\*Communities are more empowered to directly respond to social isolation and loneliness\*

Indicators: More older people invited to take on civic roles in local communities.

### 26 Is there anything missing from this framework that you think is important for us to consider?

**Input answer here::**

n/a

### About you

#### What is your name?

**Name:**

Toni Giugliano

#### What is your email address?

**Email:**

publicaffairs@mentalhealth.org.uk

**Are you responding as an individual or an organisation?**

Organisation

**What is your organisation?**

**Organisation:**

Mental Health Foundation Scotland

**Are you responding on behalf of a community discussion that has taken place?**

No

**If you used our facilitation guide, please upload the Event Registration form here.**

**Upload:**

No file was uploaded

**The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:**

Publish response with name

**We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?**

Yes

**Evaluation**

**Please help us improve our consultations by answering the questions below. (Responses to the evaluation will not be published.)**

**Matrix 1 - How satisfied were you with this consultation?:**

Very dissatisfied

**Please enter comments here.:**

**Matrix 1 - How would you rate your satisfaction with using this platform (Citizen Space) to respond to this consultation?:**

Very dissatisfied

**Please enter comments here.:**